

DE 3B HW QUARTERLY REPORT OF WAGES FOR  
EMPLOYER OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: \_\_\_\_\_

PLEASE TYPE ALL INFORMATION

QUARTER ENDED \_\_\_\_\_ DUE \_\_\_\_\_

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR	QTR
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EMPLOYER ACCOUNT NO.

**\_\_\_\_\_**

<b>DEPT. USE ONLY</b>	<b>DO NOT ALTER THIS AREA</b>															
	P1	    	C	    		S	    	W	    	A	    					
			Mo.	Day		Yr.		WIC								
	EFFECTIVE DATE	=			=			=			<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

**A. NO. OF EMPLOYEES EARNING WAGES DURING 12TH DAY OF CALENDAR MO.**

1ST MONTH	2ND MONTH	3RD MONTH

DEPT. USE	B. SOCIAL SECURITY ACCOUNT NUMBER	C. First Initial	EMPLOYEE NAME Last Name	D. TOTAL WAGES PAID THIS QUARTER	E. CALIFORNIA PERSONAL INCOME TAX WITHHELD THIS QUARTER
Enter Totals —————>				F.	G.

No Payroll  
This Quarter

*I declare that the information herein is true and correct to the best of my knowledge and belief.*

H. Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_  
(Employer, Accountant, Preparer, etc.)

You have received this REPORT OF WAGES FOR EMPLOYER OF HOUSEHOLD WORKERS, DE 3B HW, in lieu of the Quarterly Wage Report, DE 6, because you elected to pay contributions for your Household Workers on an annual basis. This form will be mailed to you quarterly and an ANNUAL CONTRIBUTION RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS, DE 3 HW, will be mailed to you in the fourth quarter. The Annual process is only available to employers that pay \$20,000 or less in household wages during the calendar year. If your wage estimate is understated and you do pay more than \$20,000 in wages in the calendar year, please follow the instructions on the back of this form under the "QUESTION" topic.

Please complete this form even if you had no payroll by indicating "0" in each of the three boxes in Items A and also in boxes F and G. In addition, please mark the "No Payroll This Quarter" box.

Instructions for completion are available on the back of this form.

INFORMATION AND INSTRUCTION FOR COMPLETING DE 3B HW  
REPORT OF WAGES FOR EMPLOYER OF HOUSEHOLD WORKERS

For assistance in completing this form, obtaining additional forms, or inquiries regarding reporting wages or subject status of employees, contact the nearest Employment Tax Customer Service Office (ETCSO) listed below.

**INSTRUCTIONS**

If corrections in name, address, or ownership, please alter the front of this form.

Note: For Items A, F and G, if the amount is zero enter 0. Also, mark the No Payroll This Quarter box.

ITEM A. Number of Employees - For each of the three months in the quarter, enter the number of employees earning wages during or receiving pay for the pay period(s) that includes the 12th day of each month. Blank fields will be identified as missing data.

ITEM B. List the Social Security Account Number (SSN) of each employee. If an employee does not have a SSN, report their wages without the number and take immediate steps to secure a SSN.

ITEM C. Enter the name of each employee to whom you paid wages in household employment during the quarter. The first initial is to be entered first, then the last name.

ITEM D. Enter the full amount of wages paid, cash or non-cash, to each employee during the calendar quarter.

ITEM E. Enter the amount of California Personal Income Tax withheld from each employee during the quarter.

ITEM F. Enter the total of Item(s) D.

ITEM G. Enter the total of Item(s) E.

ITEM H. Signature of prepared or responsible individual, including title, phone number, and date.

NOTE: All taxes are due and payable with the Annual Contribution Return For Employer of Household Workers (DE 3HW). This form will be mailed to you in December and must be filed and paid by January 31 to avoid penalty and interest.

Please keep a copy of this form for your record.

PENALTY of ten dollars (\$10) per name may be charged if an employer's report of wage(s) is not received by the Department within 15 days after a specific written demand.

**QUESTION: What do I do if I pay more than \$20,000 in a calendar year?** If you pay more than \$20,000 in a calendar year, you will need to file and pay all contributions owed from the beginning of the year through the end of the calendar quarter. Request and complete an Annual Contribution Return For Employer of Household Workers, DE 3HW, from your local ETCSO and return it with your remittance. You will be restored to quarterly reporting status. If you wish to return to annual reporting, you will need to file another election in the new year.

**What do I do if I no longer have an employee?** Contact your ETCSO, listed below, and ask for form DE 3HW. Complete the form and pay all taxes due. Indicate "final" return on the form.

**EMPLOYMENT TAX CUSTOMER SERVICE OFFICES**

(Addresses and telephone numbers are listed in the telephone directory under California. State of . . . Taxes. Employment Development Department)

Bakersfield	(805) 395-2896	Laguna Hills	(714) 768-6102	Pleasant Hill	(510) 977-8265	San Mateo	(415) 358-4102
Capitola	(408) 464-6293	Long Beach	(310) 428-0021	Sacramento	(916) 255-1965	Santa Monica	(310) 576-6400
Chico	(916) 895-4401	Los Angeles	(213) 669-7670	San Bernardino	(909) 383-4176	Santa Rosa	(707) 576-2094
Downey	(310) 923-1237	Modesto	(209) 576-6205	San Diego	(619) 284-8615	Stockton	(209) 956-1438
Escondido	(619) 737-2200	Monterey	(408) 649-2902	San Francisco	(415) 929-5700	Van Nuys	(818) 901-5208
Eureka	(707) 445-6522	Oakland	(510) 577-2396	San Jose	(408) 277-9400	Ventura	(805) 654-4506
Fresno	(209) 445-5132	Orange	(714) 288-2601	San Luis Obispo	(805) 549-3512	Visalia	(209) 635-3220

Out of state employers contact the Tax Office at (916) 464-1056